WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION GENERAL TARIFF COVER

| _ | | | - | | |
|--|--|---|--|--|--|
| | For Commission Use Only | Filing Fee Paid \$ SEP 1 6 2013 Date Effective plus 60 days | General Tariff No. GT Cancels General Tariff No. GT Date Filed at WMATC Date Effective | | |
| 1. WMATC Certificate of Authority No. 2109 2. Carrier Name on Certificate of Authority: HAPPY STHE TEHSPORTED IN | | | | | |
| Address 1936 11th St Now, Suite 102 | | | | | |
| Washinsta, DC, zacol | | | | | |
| | Telephone Number <u>103-659-7766</u> | | | | |
| 3. | Person authorized to file tariff on behalf of Carrier | | | | |
| Name Toler Nices | | | | | |
| | Tit | le <u>CWN</u> TY | | | |
| | Telephone Number 763 459-7740 | | | | |
| 1 . | Date this tariff actually filed with WMATC | | | | |
| 5. | Date seven (7) calendar days after date on Line 4. | | | | |
| 3. | Effective Date of this tariff (not earlier than date on line 5). | | | | |
| 7. | and the state of t | | | | |
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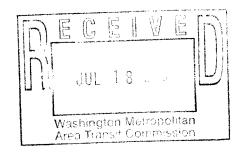
NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (301) 588-5260.

HAPPY STAR TRANSPORTAION LLC

703-659-7760

GENERAL TARIFF RATES

Medicaid Transportation



| Service Description: | Rates | | | |
|--|---------|--|--|--|
| Ambulatory Van one-way Inside Capital Beltway | \$13.00 | | | |
| Ambulatory Van. Roundtrip Inside Capital Beltway | \$26.00 | | | |
| Ambulatory Van, one way inside Capital with extra assistance | \$15.00 | | | |
| Ambulatory Van, roundtrip inside capital Beltway with extra assistance | | | | |
| | \$30.00 | | | |

Trip Cancellation if provider goes to destination and trip is cancelled upon Arrival \$8.00